The management of primary breast cancer

NHS Centre for Reviews and Dissemination

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Authors' objectives
This report summarises the research evidence for the treatment of primary breast cancer

Authors' conclusions
Survival rates for women with breast cancer in England and Wales are worse than in most European countries. There is evidence of wide variations in the management of breast cancer within the country.

The speed and cost-effectiveness of accurate diagnosis of breast cancer can be increased by using a combination of clinical examination, mammography and fine needle aspiration cytology (triple assessment). The use of triple assessment will reduce the number of women needing surgical biopsy.

Women are less anxious when they are given full verbal and written information about their condition and treatment, and opportunities to discuss options with clinical staff. Doctors may overestimate the amount of information they communicate.

Research suggests that psychosocial interventions can improve quality and length of life.

Mastectomy and breast-conserving surgery plus radiotherapy have similar survival rates. Breast conserving surgery leads to better preservation of body image but local recurrence rates are higher.

Adjuvant systemic therapy using tamoxifen, ovarian ablation, or chemotherapy improves survival and recurrence rates in most groups of women and is highly cost-effective.

There is no evidence that routine intensive hospital follow-up, apart from regular mammography, improves outcomes after primary treatment compared with GP-led follow-up with ready access to specialist care when needed. Reducing intensity of follow-up can release resources.

Research suggests that the management of breast cancer, and its outcomes, can be improved if care is provided by specialists working in multi-disciplinary teams with a sufficient throughput of new cases per year.

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